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Bib Data Sheet

CONFIRMATION NO. 7150

SERIAL NUMBER 10/655,828	FILING DATE 09/05/2003 RULE	CLASS 705	GROUP ART UNIT 3624	ATTORNEY DOCKET NO. 64243.000015
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APPLICANTS

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** CONTINUING DATA ***** N.J

** FOREIGN APPLICATIONS ***** N.J

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **

** 01/09/2004

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR	SHEETS	TOTAL	INDEPENDENT
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after	COUNTRY	DRAWING	CLAIMS	CLAIMS
Verified and Acknowledged Examiner's Signature	N.J. Allowance	GA	10	71	4

ADDRESS

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TITLE

System and method for securely authorizing and distributing stored-value card data

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT RECEIVED 876	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue)
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<input type="checkbox"/> Other _____
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